

2389

IN CASE OF MORE THAN ONE CHILD, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH, IN ORDER OF BIRTH, STATED. THIS CERTIFICATE MUST BE FILED BY THE ATTENDING PHYSICIAN OR MIDWIFE WITH EACH LOCAL REGISTRAR WITHIN 5 DAYS AFTER BIRTH.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>106</u>	
District of <u>Arizona</u>	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>340</u>	
Town of <u>Hayden</u>		Local Registrar's No. <u>50</u>	
or	(No. _____ St; _____ Ward)		
City of _____			
FULL NAME OF CHILD <u>Albert Courtney Rood</u>		Born } YES	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive } NO	
Sex of Child <u>male</u>	Twin, Triplet or other <u>single</u>	and	
	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	
	Date of Birth <u>Oct 28</u> 191 <u>4</u>		
	(Month) (Day) (Yr.)		
FATHER		MOTHER	
Full Name <u>Albert Brown Rood D.D.S.</u>	Full Maiden Name <u>Edith Turner</u>		
Residence <u>Hayden Arizona</u>	Residence <u>Hayden Arizona</u>		
Color or Race <u>white</u>	Color or Race <u>white</u>		
Age at last Birthday <u>38</u> (Years)	Age at last Birthday <u>36</u> (Years)		
Birthplace <u>Michigan</u>	Birthplace <u>Ills</u>		
Occupation <u>Dentist</u>	Occupation <u>Housewife</u>		
Number of child of this mother <u>1</u>	Number of children, of this mother, now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>Oct 28</u> 191 <u>4</u> , at <u>2:20 P.M.</u>			
{ *When there is no attending physician or midwife, then the householder should make this return.		(Signature) <u>J.P. Norman</u>	
Given or christian name added from a supplemental report _____ 191____		(Attending physician, midwife, householder. *)	
Address <u>Hayden Arizona</u>			
Filed <u>Nov 1</u> 191 <u>4</u>		LOCAL REGISTRAR.	
194-1028-539		A True Copy	
COUNTY REGISTRAR.		COUNTY REGISTRAR.	